

PART B - FEE(S) TRANSMITTAL

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23713 7590 07/29/2008

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CERTIFICATE OF EFS-WEB FILING

I hereby certify that this correspondence is being submitted with the USPTO EFS-WEB system on the date indicated below.

Cathy Nelson	(Depositor's name)
<i>Cathy Nelson</i>	(Signature)
October 27, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/738,454	12/16/2003	K. Dane Wittup	97 99F	8855

TITLE OF INVENTION: YEAST CELL SURFACE DISPLAY OF PROTEINS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440 \$1510	\$300	\$0	\$1740 \$1810	10/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
GUZO, DAVID	1636	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Greenlee, Winner and
 2 Sullivan, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Board of Trustees of the
 University of Illinois

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Urbana, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1969 ~~(enclose an extra copy of this form)~~

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Susan K. Doughty
 Susan K. Doughty

Date October 27, 2008

Typed or printed name

Registration No. 43,595

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